


HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	<i>Application Number</i>	10/559,558		
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	<i>First Named Inventor</i>	Kirtland G. Poss		
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	<i>Attorney Docket Number</i>	3353.1005-003		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><i>Title</i></td> <td>BIOCOMPATIBLE FLUORESCENT SILICON NANOPARTICLES</td> </tr> </table>			<i>Title</i>	BIOCOMPATIBLE FLUORESCENT SILICON NANOPARTICLES
<i>Title</i>	BIOCOMPATIBLE FLUORESCENT SILICON NANOPARTICLES			

I hereby appoint <input checked="" type="checkbox"/> Practitioners associated with Customer No. 021005 <input type="checkbox"/> Practitioner(s) named below: 	
as my/our attorneys/agents to prosecute the application identified above, including any continuation or divisional applications thereof, and to transact all business in the United States Patent and Trademark Office connected therewith.	
Please recognize or change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> Customer Number 021005 Hamilton, Brook, Smith & Reynolds, P.C. 530 Virginia Road P.O. Box 9133 Concord, Massachusetts 01742-9133 <input type="checkbox"/> Other _____	
Please direct all telephone calls and facsimiles to: Name <u>David E. Brook, Esq.</u> Tel. No. <u>978-341-0036</u> Fax No. <u>978-341-0136</u>	
I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Authorized representative of the Assignee, VisEn Medical, Inc., of the entire interest. See 37 C.F.R. § 3.71. A Statement under 37 C.F.R. § 3.73(b) is enclosed. <input type="checkbox"/> Authorized representative of the Assignee, [], together with [], of the entire interest. A Statement under 37 C.F.R. § 3.73(b) is enclosed.	
SIGNATURE of Applicant or Assignee of Record	
Signature	
Name & Title	Kirt Poss, President * CEO
Date	3/17/06